Mrs Klein's Spatial-Theological Revolution

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KEY CONCEPTS: Mind and brain; unconscious phantasy as the mechanism of defence; transference and countertransference; narcissism; projective identification; subdivisions of the mother's body. A spatial, theatrical, theological model.

Tonight I want to talk about spaces as implied and developed in Mrs Klein's work, and people who've taken off *from* her work. And then I want to talk about the way in which this seems to me to have developed in various directions. One direction is in the investigations of spacelessness and dimensionality that I and some of my colleagues wrote up in the Autism book, which you may have had a chance to see. Another is the direction taken by Mrs Esther Bick's work about skin containment and adhesive identification. And then of course, most important of all is Dr Bion's work about vertices and his addendum to the model of the mind, his Grid and his theory of thinking; and then to see if I can tie these different directions together for the purpose of trying to investigate the central concept of symbol formation and its relationship to dreams and dream life. And if we have time, we might even get on to discuss the implications of all that for the theory of the psychoanalytical method and the psychoanalytical process and therapy.

Now, I'm very addicted to history, and trying to understand the history of things, because language is a very misleading instrument, as you very well know; the same word can be used to mean entirely different things in different epochs of history and certainly, the same words have meant different things in different mouths in different epochs of psychoanalytic history. So it's almost always necessary to go back a bit and see how things developed.

Mind and brain

1 Transcribed by Jennifer Langham, edited by Meg Harris Williams

In a certain sense, the greatest difficulty that Freud met in the development of his model of the mind was in progressing from a very physiological and quantitative and hydrostatic model that grew out of the *Project for a Scientific Psychology* and libido theory, into the more truly psychological theory of the mind that is implied in the structural theory. Probably the greatest impediment that he met in coming to grips with the phenomena that he met in the consulting room was the problem of identification process, and this he met head on, you might say, in *Mourning and Melancholia*, where he found that he really couldn't describe — let alone explain — what happened to create this terrific confusion about who was really having the *pain* of melancholia. He could see quite clearly that the *pain* of mourning was in the mourner, and he could also see that pain of melancholia was somehow in everybody *around* the melancholic, but not in the melancholic himself; it's a great observation. But he found that he couldn't describe how this came about — was it the object that was in pain, because it was being maligned and ridiculed, or was the object causing pain to the ego — it got into a terrific muddle — and this seems to be the first time that he ran headlong into the problem of identification.

And second was the problem of masochism, where also he understood that there was some sort of identification going on, but he couldn't locate it, and he couldn't find the means of describing it. And even in that great paper 'A Child is Being Beaten', where he really pinpoints the problem of masochism, and through that the problem of sado-masochism and the complicated process of the perversions, he still isn't able to describe what is the structural situation that brings about this confusion of identity. He comes very close to it in some places: he describes, for instance, that a man may be identified with his penis in intercourse; or that he may be identified both with his penis and with the baby being beaten by that penis inside the woman, and so on.

But he really didn't have a concrete concept of the mind as separate from the brain and its neurophysiological apparatus, so couldn't find a language for describing and clarifying these processes. For this reason also, the concept of the mechanism of defence remained, in his hands, some mysterious neuro-mechanism which psychoanalysts could only assume existed, while he described the phenomena that were thrown up by the operation of

these supposed neuro-mechanisms — repression being the prime example. He spent all his life trying to figure out how repression could come about.

Now it seems to me that when you read his work carefully, you can get some hint as to why or how it was that he came to this sort of impasse, where he couldn't make headway in discovering how different types of identification came about, although he was quite aware that there were different *types* of identification: that there were narcissistic identifications, and there was another type that was the heir to the Oedipus complex, and resulted in the establishment of a new institution in the mind, but he couldn't really find a language for describing it. There are two instances that stand out most clearly in *my* mind, that illustrate what it was *in* him that couldn't find a model that was sufficient to help him describe these things: one of them is in the Schreber case, where he describes the world destruction fantasy, and the destruction of Schreber's world. But he couldn't quite bring himself to describe it as an *internal* world. That is, a world that really existed inside his mind, although he *calls* it 'internal world'. But then he hedges it, and says, 'Oh well. It's really just the withdrawal of libido from object that caused these objects to disintegrate in Schreber's mind.'

An even earlier instance where you can see him balking at these more concrete descriptions, for instance in the Little Hans case, with that whole fascinating description by Hans, of what happened when he and his sister Anna used to ride in the stork box in the carriage, going to wherever it was it went. I mean, there a child told him exactly what children later told Mrs Klein of the phantasies of being inside the mother's body. But Freud couldn't take any interest in that, and as you remember, he treated it all as a sort of leg pull, in which Hans was having a kind of revenge on his father for telling him that the stork brought babies.

Now these sort of things seem to me very instructive: to understand that Freud was perhaps a man who was very bound to the outside world and very bound by his scientific and medical training to think of the mind as the brain, and couldn't quite separate himself from that. That is, he brought a very *sophisticated* mind to psychoanalysis, whereas Melanie Klein brought a very, in a sense, *naïve* mind to psychoanalysis. Although she'd begun medical studies and so on, she certainly had no real experience in the medical field, and was able to listen to children in a very naïve way, and to record what they told her; and what they started to tell her

almost immediately was about these spaces. These spaces inside the body — inside the mother's body, and particularly inside their own bodies; the inhabitants of these spaces, and the importance of these spaces. And this she began to describe in her earliest papers on the development of a child, and subsequent papers, without, it seems to me, recognizing that she was making a great leap in the psychoanalytic theory of the model of the mind.

This leap really changed the way of viewing the mind from a brain into a place — a place where thinking and feeling takes place, or just occurs. How it occurs, why it occurs, would be philosophical problems and not neurophysiological problems, according to this *level* of thinking about it. And of course, Dr Bion has come along with his Grid — he showed us very clearly that this is just one *level* for thinking about the mind. The concrete level is in a sense the *theological* level, where everything is told in narrative form, like the Bible: it is the truth of that level. So in a sense, the first move that Mrs Klein made in psychoanalysis was, to my mind, the most revolutionary move, but it was a very *quiet* move. Nobody noticed it, really. All they noticed at that time, and what all the squabbles were about in the British Society, was that she seemed to be saying that there were precursors of the super-ego that existed prior to the resolution of the Oedipus complex and the inception of the latency period. Terrible fights, that were essentially political fights, based on poor communication, took place at that time. But the r*eal* revolution — that is, a new level of formulation of the model of the mind that could be super-imposed on Freud's structural theory of id, ego and super-ego — *that* revolution really wasn't noticed.

Unconscious phantasy as mechanism of defence

It wasn't noticed, for instance, that this concrete way of representing the mind — as being made up of spaces that were occupied by objects and parts of the self, both internal and external — lent itself to a kind of theatrical exposition, an exposition in which the concept of *phantasy*, and particularly *un*conscious phantasy, came to replace the concept of the mechanism of defence. The term was given a new meaning at a different level. This fact wasn't recognized really until late in the '60s, after Mrs Klein's death; and the most awful non-communication took place that could easily have been resolved had this change in the model of the mind been recognized

at the time. That is, at this level of theorizing, the mechanism of defence *is* unconscious phantasy.

At Dr Bion's level, it changes again; it changes into lines — we'll talk about that more later; it's an entirely different level of abstraction. But at Mrs Klein's level, they are unconscious phantasies that really alter in a most concrete way the nature of the object, the nature of the self, and the relationship between them, especially in this great theatre of the inner world where meaning is generated.

Of course, to say 'meaning is generated' one can easily forget that psychoanalysis, up to that point was hardly concerned with meaning. It was really concerned with conflicts of institutions of the mental structure that Freud had elaborated in the structural theory. The ego serving three masters, as he called it. It had nothing to do with the meaning of things. It only had to do, from Freud's point of view, with the fact that these three institutions of the super-ego, the id, and the outside world seemed to want different things of the poor ego. And the poor ego had to play them off against one another. It had nothing to do with the meaning of anything. But this revolution in the model of the mind, that superimposed on Freud's model a concept of spaces and of a theatre *inside* the mind where parts of the self and objects move in … mythological dance, you might say — this brought meaning, and unconscious phantasy as an expression of meaning, into the forefront of psychoanalytic investigation in the consulting room.

Now the concept of spaces is one which in a sense all of us who came, as it were, *late* into psychoanalysis — from the '40s on — have grown up with, and rather take for granted. I think we often don't realize how difficult it is to get one's mind into a sufficiently naïve state to grasp the concreteness of this concept; because it is really a naïve concept — that is, a *childish* concept. It's about how children think; how the child in oneself thinks; and how the child in oneself thinks in dream pictures. And these dreams are about real things that are really happening inside the mind: real parts of oneself and real objects. And this word, *real*, in reference to the internal situation, seems to me *extremely* difficult to get one's mind around in a truly emotional way. I mean, *so* difficult that I think people cannot do it except — well, artists do it, but, I mean — *extraordinary* artists do it, I should say — but *ordinary* people really have to do it through the experi-

ence of analysis, and the experience of the phenomena of the transference and countertransference in the analytic situation, in order to grasp how much of this is *really* going on *inside* our bodies.

Now this concept of spaces Mrs Klein described in passing, about children in the '20s. It first threw up the theory of the *early* precursors of the super-ego or early objects, partial objects, and the development of the whole-object relationships that then could approximate to Freud's description of the super-ego. The description of that could have come out of the work with children, without any reference at all to the concept of spaces inside the mind. And in a sense, that *early* work of hers, that raised so much of a storm, doesn't to my mind really belong to the great developments in psychoanalysis and its method and theory or model, because the concept of spaces only really began to bear *specific* fruit with the 1946 paper on schizoid mechanisms. And even there, in that paper, Mrs Klein herself rather hedges the question — although she had been talking now for 20 years about projection and introjection and internal objects and so on. When she came to talk about *projective identification*, that is, an omnipotent phantasy of a part of the self actually being insinuated, intruded into, projected into an object, she really only talked about it in relation to external objects.

And it seems to me that she herself had some difficulty in recognizing the operation of projective identification with *internal objects* as a primary move in phantasy. Although she recognized that these objects in the outside world containing a projective identification, were then introjected, and that you ended up with an object inside *containing* a part of the self, and that this generated confusions of identity, hypochondria, claustrophobia, etc. She seemed, for some reason, reluctant to realize that the projective identification took place with internal objects initially, and not simply with external objects. You can see when you study the *Narrative* that even as late as the end of the 50s, she was a little reluctant to see projective identification as operating directly with internal objects. She'd been speaking of destructive attacks on objects by that time for 35 years. But her idea of sadistic attacks on objects was related mainly to oral and anal sadistic phantasy. And I think there was a certain reluctance in her to see the *internal* objects as *themselves* being vulnerable to this kind of intrusion.

In the *Narrative*, you can see it operating a bit in the portion in which

she deals with Richard's little focus of paranoia about Cook and Bessie. There she's reluctant to recognize that the paranoia comes from the projection into Cook and Bessie — representing the breasts — of a really poisonous part of Richard, and it takes her the rest of the *Narrative* (of course, it's only another eight weeks) but still, it takes her the rest of it to work out that it was a poisonous part of Richard himself that really went into that object as an internal object and created in his own *inside* an object that could poison him — although he'd been having colds and pains in his tummy and so on, which she'd been interpreting to him all along.

I just mention that to illustrate that there is a tremendous emotional resistance that perhaps has to do with a fear of having a real persecutor, really inside your guts; and this (I *think*) plays a very important part in the resistance of people to recognizing that such a thing as projective identification with an internal object is something that can occur in a moment, and that is particularly perhaps connected with masturbation practices and so on.

Now, I think, in a sense, that's about as far as Mrs Klein got with the development of a concept of space. She did evolve an addendum to the model of the mind that could be superimposed on Freud's, which changed the concept of internal world from a metaphor, or a bit of poetry, into a theoretical formulation that there was such a place inside the mind that really contained objects and parts of the self, and this opened up a whole field of exploration to her followers. And I would think that from 1946 until — well, with the exception of Dr Bion's work on thinking— you could quite well say that the work of her followers was more or less taken up with filling out this concept of projective identification, and of the internal world with its implications for the phenomenology of the consulting room.

Transference and countertransference

I would think that one of the first major technical and methodological consequences erupted quite quickly after the 1946 paper and was stirred mainly by people in the British Society who had been deeply influenced by her work. These were the spurt of papers on countertransference: papers by Money-Kyrle, Paula Heimann, Margaret Little, Donald Winnicott.

Now, in order to understand why papers on countertransference should have blown up, and a technical advance should have resulted from her paper on projective identification, I think one has to go back and see that it was *that* paper in particular — the paper on projective identification — that made people realize that Mrs Klein had not only altered the concept of mechanism of defence and changed it into the concept of unconscious phantasy, but that in doing so, she had also altered the concept of transference. While in Freud's hands, transference was an expression of the repetition compulsion and a repetition of past events in the transference situation to the analyst; Mrs Klein transformed this into a concept of the externalization of the internal situation onto the analyst, which therefore had an immediate implication. That is, the transference expressed in itself the patient's unconscious state of mind as represented by his infantile relationships to his internal objects and the identification processes that arose out of them. And that *this* is what was transferred into the outside world onto the analyst and manifest in the phenomenology of the consulting room.

This altered attitude towards the transference had the effect of opening the analyst's eyes to the ubiquity of transference phenomena. It wasn't enough to recognize that transference existed when the patient said, 'You remind me of my father.' It became apparent to people that the transference phenomena — and a few years later they had to recognize also the countertransference phenomena — were existing in the room all the time, and that the analyst's task was to find them.

Of course, this was *tremendously* misunderstood when Mrs Klein talked about it in this way. She was immediately accused of saying, 'Everything is transference.' And she was immediately accused of *seeing* everything as transference. And I can remember, as late as 1975, having to get up in the British Society and say, 'No, that's not what she said. What she said was that everything has to be scrutinized to see if it gives evidence of the transference.' I suppose the truth is, if you *could* scrutinize everything carefully, you would find it in everything that goes on —but one isn't that skilful. However, that still isn't the same thing as saying that 'everything is transference', and it isn't the same thing, you know, as she was earlier accused, as saying, 'children are psychotic'. Of course, she described the schizoid mechanisms, and equated them with some of the thought processes and so on that are seen *in* psychotics.

So that, in effect, seems to me to be where the picture of the development of the concept of spaces and its implications could be described as having been reached by the time of Mrs Klein's death in 1960. That she had, first of all, *created* this addendum to the model; she described for the first time the way in which narcissistic identifications can come about — at least one way in which they can come about by projective forms of identification. It had the consequence of altering the view of the transference, and therefore opened analysts' eyes to phenomena they hadn't previously looked at; and it brought in its wake this new interest in the countertransference as a *tool*, not just a nuisance.

Now, the explorations, particularly of the phenomena related to projective identification, that went on from 1946 on, and really are still going on, began to envisage a mental world that could be divided up into very specific spaces which seemed to have different laws governing the interaction in them, and different systems of meaning related to these interactions and the laws governing them.

And to try to give this some formal description: you may remember in the book, *The Psychoanalytical Process* I describe this geography of the mind, trying to spell out the implications of Mrs Klein's model. That the mind could be envisaged as being contained in four different kinds of spaces: that is, the outside world, the world inside of external objects, the inside world, and the world inside of internal objects; and I suggested at that time also that one had to consider that there was also a fifth space, the space of the delusional system whose essential quality was that it was *nowhere*. I'll just mention what seem to me to be the highlights of this exploration.

Herbert Rosenfeld made very important contributions in exploring and clarifying the way in which hypochondria comes about, through the operation of a system of double identifications. That is, that projective identification with a suffering internal object produces a very gripping type of identification because it has both projective and introjective aspects. And that seems to me to have been *the* major advance in the exploration of hypochondria. My own paper on anal masturbation demonstrated the way in which projective identification with internal objects can come about through masturbation practices that involve, particularly, the actual penetration of body orifices — mainly, anal penetration. Hanna

Segal's paper on 'Depression in the Schizophrenic' demonstrated the ways in which pain — mental pain — can be distributed through projective identification into external objects. Remember her description of the girl who behaved like Ophelia, with her flowers?

Narcissism

Herbert Rosenfeld began to describe narcissism in a way that was quite different from Freud's and in keeping with this new model of the mind of Mrs Klein's: described through what he called 'narcissistic organizations', instead of being a term for the distribution of the libido resulting in the muddle that Freud got into — having to call it 'narcissistic libido', and things of that sort. The narcissistic organization underlying delinquency, the narcissistic organization underlying perversion, and so on. The concept of narcissism has been given, through Mrs Klein's work, a new structural description: that is, of the relationship of infantile parts of the self to one another, as juxtaposed to their relationship to parental objects — part object or whole object. So, that concept of narcissistic organization as a new way of describing narcissism, was brought into existence through the concept of spaces, and has led, again, to the recognition of the phenomenology of narcissism going beyond anything that Freud could have managed to describe while narcissism was being used as a term referable to the term distribution and vicissitudes of the libido. It could have described that behavior or symptomatology had a narcissistic basis but not how one part of the self could seduce, or threaten, or cajole another part into doing something that it fundamentally didn't want to do, that was hostile, and a betrayal to its good objects, and so on. If you're only talking on the basis of distribution of libido, you'd never be able, really, to describe these phenomena and their operations.

So the scope of psychoanalytic investigation was widened in these ways. Papers on drug addiction, on schizophrenia, manic depressive states, confusional states and so on, really crowded into the literature, partly stimulated also by Mrs Klein's later book on *Envy and Gratitude*, though that is not so much what I am talking about tonight —about the spaces.

Projective identification

Then finally, the concept of projective identification was transformed in Dr Bion's hands. Mrs Klein had viewed ir really as fundamentally a pathological mechanism, an unconscious phantasy of pathological significance. Through Dr Bion it suddenly was transformed into something that could be seen as operative for a whole spectrum of purposes, from the most pathological (as in Hanna Segal's girl distributing her depressive anxiety with the flowers) to the most important developmental kind of activity as seen in the infant's communication with its mother: that is, as a primitive, pre-lingual means of communication for transmitting states of mind.

So the concept of projective identification, that was the first real fruit of the concept of spaces, has produced in turn this first break into a theory of thinking, and enabled Dr Bion to give, as you know, this *useful* description of the relationship of mother to baby, that has opened our eyes to a whole new level of phenomena in the consulting room: having to do with means of communication that go beyond the lexical use of language, to do with the music of language, the rhythm of language, the silences that fall, the inflections, and so on; and has *attuned* our ears to phenomena that simply passed over our heads previously.

Now, I think this isn't, by any means, the end of the investigation of projective identification — the usefulness of a concept of spaces is in many ways just dawning on us, you might say. And I thought this evening, I'd like to tell you about a most interesting case that we heard about in Italy, about two months ago. In order to illustrate for you this thesis that a space is a world, and that any world can be sub-divided into sub-spaces, and each of these sub-spaces become a world that's governed by different laws and has different meaning and different significance. This is the world, inside the mother's body, that Mrs Klein began to describe very early, in her earliest work with children, and then formulated as the concept of projective identification; and this *inside* of the mother's body is a world that will lend itself to *endless* investigation in its relationship to psychopathology and the phenomena of the consulting room. And I'd like to tell you a little bit of clinical material that illustrates something about the specificity of the kind of hypochondriacal anxieties that result from a projective identification into different parts of the mother's body.

Subdivisions of the mother's body – clinical example

Now in a sort of theoretical, and you might say, *schematic* way, one finds continually the evidence that the inside of the mother's body is divided into general areas that have very specific phantasy and symptomatic and emotional significance; and these areas are generally divided through the waist, top and bottom, and divided front and back: mainly, top, front bottom and back bottom. And I want to tell you a little bit, if I can remember it, of this clinical material that we heard in Perugia a couple of months ago, that I thought was quite marvellous. Let me see if I can remember it well.

It was about a boy of about 17 who developed an acute psychotic episode in the middle of the main square in Perugia, in which he stripped off his clothes and disappeared down the sewer. And when they fished him out of there, he told them that he had done that to escape from Hitler, and essentially that Hitler was trying to enlist him to commit terrible, brutal acts of one sort or another.

During this period, while he was in the hospital, he wouldn't eat; he complained that the food smelled bad, thought it was poison; repeatedly escaped and left the hospital and had to be brought back. Although characteristically, he would elope from the hospital but then somehow find himself at a police station, or run into the police, and seemed to treat the police as fairly benevolent objects. During this time, psychoanalytic treatment was started, and he seemed to become very attached to his young woman analyst, but, as I remember it, during her holiday break, in the early months of his therapy, he again became panicky and eloped from the hospital and ended up in a mental hospital that, coincidentally, had the same name as his therapist, some hundred miles away.

Now, when he was brought back to the hospital, and started again in therapy, his complaint seemed to be very different. He was mainly worried about sexual assaults, mainly complaining about having sexual excitement projected into him. [He seemed to mistake the erotic excitement with his therapist.] And then he escaped from the hospital again, and when he was brought back this time, again, his symptomatology seemed to be changed. This time he was complaining that he was breathing too much, that the air seemed to rich for him and seemed to be enveloping him; that he was wor-

ried that he was taking too much of the air and there wouldn't be enough left for the other people in the hospital. He was particularly worried that he was hearing children crying, and felt that it was because they weren't getting enough air, and so on.

I can't remember much more of the detail, but that's enough to illustrate for you his migration around the inside of the mother's body, really starting from getting into the sewer, getting up in her rectum and being worried about being poisoned, and then getting into this hospital with the name of his woman therapist, that is, into the genital, and feeling terribly sexually excited, but also in danger of being sexually assaulted in there; escaping again, getting up inside the chest, and being enveloped by these — feeling he was a parasite inside the chest, taking up all the air, taking up all the oxygen, not leaving enough oxygen for the babies down in the womb who were felt to be crying and in need and so on.

So there, in brief, is an illustration of the minuteness, or you might say the precision with which the inside of the mother's body is sub-divided, and the specificity of the mental states that are thrown up by an experience of massive projective identification into different spaces, inside this particular space, inside himself — that is, inside the mother, inside himself — but also, in the transference, externalized onto his therapist, externalized onto the hospital, externalized onto the hospital that he got into that had the same name, and so on.

So this seems to me to be also one of the types of advance that comes from thinking of spaces in a very concrete way; it enables one to listen to clinical material in a way that you could not hear if you didn't have this kind of model: to think of the experience of living inside these spaces, and of encountering the kind of objects, the kind of substances, the kind of dangers, the kind of sensual experiences and so on, that the phantasy of those spaces includes.

Now finally, before I stop and invite you to ask questions that I might be able to enlarge upon in relation to this, I want to stress for you that this whole theory of spaces, that is, in a sense the whole Kleinian approach to psychoanalysis, which is, after all, only one of many different lines of development and approaches, and has its particular strengths, and I suppose its particular weaknesses as well. This particular line of development, associ-

ated with Mrs Klein and her work, I think is correctly placed by Dr Bion in what he calls row C — that is the mythology of the mind, the mind's mythology about itself, the level of mental functioning and the level of theories *about* mental functioning at which everything is metaphorical, and in which all experience is apprehended in narrative, dreamlike form, from which meaning is abstracted and raised to higher levels of abstraction from which verbalization becomes possible, and so on, as Dr Bion's Grid described. It is therefore really, I think, correctly described as the theological level of operating in the consulting room. And I think it's a level that produces tremendously interesting types of analytic work. But I think as we go on in these lectures, I can also show you that it has its limitations as well, and that it is necessary, in order to cope with certain types of phenomena that we meet in our patients, to get beyond this theological level and this preoccupation with unconscious phantasy and try also to see the phenomena that relate to other functions of mental functioning.

Remarks in answer to questions [not audible]

Well, I'm really not contrasting it, I'm only trying to show that this model of spaces enables one to get beyond what I think was the impasse in Freud's thinking in relation to identification processes and its implications for mental health, for character formation, for the operation of narcissism in relation to such things as drug addictions and the psychoses and so on. It's one way of getting beyond that impasse. So I wasn't really contrasting with anything, but trying to show that this is *one* line for getting beyond what I think was the impasse in Freud's work.

…

I mean, I do think that the concept of spaces and of unconscious phantasy does rather elbow aside the concept of primary process. Gently.

…

Countertransference

That's very important, because it does seem to me that very early in Mrs Klein's work, she did grasp that masturbation and masturbation phantasies played a very big part in the development of psychopathology. It's a bit puzzling that when she came to projective identification, in describing it, she described it first of all, really, as related to external objects. And what

she had in mind, of course, was that it operates, not mysteriously, and not simply by virtue of an omnipotent phantasy, but that this omnipotent phantasy has to really be put into action in some way that does really have the effect of producing an alteration in the state of mind of the other person, if the other person is a receptacle, as it were, able or willing, or unable to resist such a projection.

…

In the consulting room, I think we meet it really operating in both ways, because the patient not only acts in the transference and projects into us as external objects, but he also communicates his mental state to us as an externalization of his transference, that is the formation of his transference by an externalization of his internal situation. When he is doing the latter, which he is doing mainly by expressing his perceptual responses to us, we find it quite easy to deal with. As [Thomas Schatz?] says, 'If a patient says I have a pinstripe suit on, and I know very well I have a checked suit on, that's very easy to recognize. But if somebody says that he thinks I'm a nasty money-grabbing so-and-so, and I know that I'm a terribly nice fellow, that's not so easy.'

When the patient is simply projecting, externalizing onto us, he simply expresses his perception, and these we can check not only against our perceptions of ourselves but against other patient's perceptions of us and also that particular patient's perception of us at other times, and it's rather easy. But when he's projecting into us, and evoking countertransference in us, that's not so easy. The patient that says I have a pin striped suit on, that's quite easy. But when he *insults* me, that's not so easy. Then he's really projecting into me a state of mind that would easily, in Dr Bion's terms, lose the awareness that I have slipped into playing a role in the patient's phantasy.

This seems to me to be the fundamental clinical difference between simply being the object of phantasy, and being the object of projections in the transference. The first is very easy to deal with and recognize; the second, it seems to me, is where our difficulties in the countertransference come from — when the patient is projecting a state of mind into us. It's necessary to receive that state of mind, but at the same time to recover from being dominated by it before you act in the countertransference. And I think, if the truth be said, that one always recovers a *bit* too late.

Almost always, there's a note of anger in your voice, or an amorous note in your voice before you — but still, you recover before much damage is done. But I think the truth is that we do act in the countertransference, a little bit, very very frequently, 'cause it's very very difficult to recover before you've been impelled into action to some extent.

When the projection's into the *internal* object and not simply externalized onto you as a distortion of the patient's perception of you, that's quite easy. When somebody tells me I have long shaggy hair that's easy. But when he tells me that baldness is a sign of impotence, that's not so easy.

…

Concreteness

When I speak of the concept of the inner world as a concrete concept, that's quite different from speaking of the patient as having concreteness of thought. It seems to me that concreteness of thought means, when the patient feels his thoughts can be transformed into concrete objects in the outside world, and that the emanation of his thoughts have a concrete impact on other people. Of course, speaking in a different theoretical framework, it has quite a different meaning — but in *this* theoretical framework, it seems to me that is how the old term has to come to be used. The internal world is conceived of in very concrete terms, but concreteness of thought is really a psychotic phenomenon having to do with the person's feelings about how his thoughts have an impact on things and people in the outside world.

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Delusional systems

I think it comes about by the thing that Dr Bion hasn't yet thoroughly spelled out for us, and that is the negative Grid. I think that as soon as splitting and idealization take place in infancy, that the internal world that is being built up through the idealized part of the self, relating itself to idealized objects, has a parallel in another world that is being built up by the destructive part of the personality that has been split off, operating by the law of negativism — negativism in the sense of against nature — and that this part of the self, like Milton's description of Satan in *Paradise Lost*, builds a pandemonium in parallel with the construction of the internal world, and that everybody has one. That's my suspicion. Does that answer

your question? Or is that too abstruse? I think *everybody's* got a delusional system.

My clinical experience in treating schizophrenia is that the delusional system is like a kind of spider's web. That the destructive part of the personality is always inviting a fly into its parlour; and the different parts of the personality often teeter on the edge of entering this web of delusion; and that once they've entered it, it's extremely difficult — I'm not sure if it's possible — for them ever to come back. Therefore, what happens, it seems to me, in the person who is manifestly schizophrenic, is that many different parts of his personality have entered into the delusional system. Whereas, I would think that for most sane people, no part of the personality has, as yet, done more than have a peep into the delusional system at times of fever, intoxication — whatever.

It seems to me that in the psychoanalytic treatment of schizophrenia, the part of the personality that we contact is generally the part that is not involved in the delusional system. And as the analysis deepens, we begin to contact parts of the self that are teetering and have had experiences — little experiences of the delusional system, but have never really signed their lease, as it were, and settled down there. And those parts can be won back. I have very grave doubts that any part that has really ever enjoined the delusional system can ever be won back.

I think the delusional system is perfectly described by Freud in the Schreber case as the world that is built from the debris of a world destruction phantasy, but I think that this debris and the building up of this system is going on all the time; that this delusional world is always being constructed, ready to receive any volunteers. And I think, for instance, drugs like LSD are extremely dangerous for this reason. This free trip to the delusional system is a very dangerous trip. You may like it.

I think the essential location, geography of the delusional system is 'nowhere' — that that's it's address, as it were. If you wanted to write to somebody there, you'd address it to 'nowhere'. That's its quality, as it were. It is not of this solar system, as it were. The anxieties about falling into the delusional system for instance are not represented by anxieties of falling. They're represented by anxieties of floating into space.

The delusional system isn't just a tissue of lies, as it were. Narcissistic organizations, like a gang, are organized on the basis of lies and propa-

ganda, but a delusional system is really a world, and it's constructed of the same bricks and mortar, except in a negative way. The other side of Alice's looking glass.

…Well I think I have never spoken to a part of the personality that was in the delusional system. That is, I've heard them speak, but I've never been able to understand anything they were talking about. But I have talked to many parts of the personality teetering on the brink, and I've even had the unpleasant experience of seeing them go over the brink and become inaccessible and unintelligible to me.

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The last dream of the analysis of the most difficult patient (chuckles) I ever have analysed, was as follows:

She is a school teacher now, and *she dreamed that the children were all ready to go home — this was just before the Christmas holiday — the children were all ready to go home, and each of them had made a little Christmas card for their parents saying 'thank you'.* Now, these children, and other children at different times in her career and training, first working in children's homes, and then teacher-training and so on. These children, as they appeared in the outside world — one, two, three or four of them have always figured in all her material as parts of herself, and were represented in her dreams as parts of herself, and so on. And here's a dream in which they seem to be all gathered together and are ready to give up the immediate supervision of their external teacher, and you might say, entrust themselves to the parents at their home. Now this would seem to me to be the kind of a dream that would show something of how concrete is the experience of a patient finishing analysis and feeling that giving up the comfort, support, understanding, supervision, what have you, of the external analyst and relegating themselves to the dependence to their internal objects, tends to be illustrated, and it's I suppose really the dreams, most of all, that illustrate how the personality can be experienced as divided up into very discrete parts which can then relate to one another, even form a little gang, enter into all sorts of collusive relationships and so on; so that, this is the implication of Mrs Klein's description of the splitting process. It's not quite the same as Freud's description of splitting of the ego in the service of defence, where

he described how a healthy part of the personality can exist and stand side by side with an ill part of the personality, and so on. Mrs Klein's description of splitting processes really relates to the dividing up of the infantile personality into different, quite distinct little children, sometimes of quite different ages, and that the internal world, gradually, becomes a family with a couple of parents and children of different ages, and so on, that has a certain resemblance to the patient's external family, but not necessarily. Maybe quite different. I mean, it's in that concrete way that I mean to speak of parts of the personality. It's difficult.